

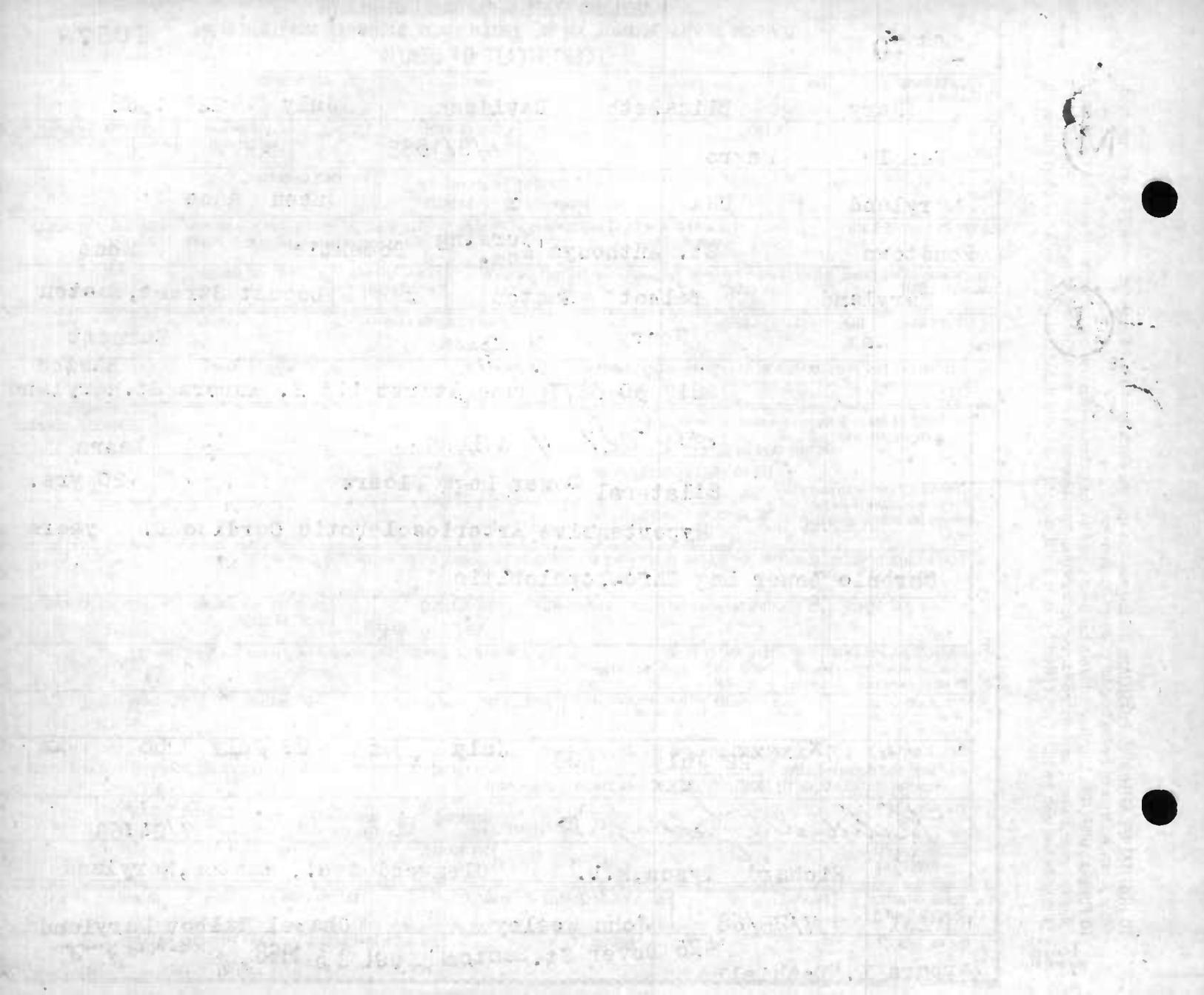
MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  
CERTIFICATE OF DEATH

10578

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. If any event, within 72 hours after death.

1. DECEASED NAME (Type or print)		First <b>Mary</b>	Middle <b>Elizabeth</b>	Last <b>Davidson</b>	2a. DATE OF DEATH Month <b>July</b>	Year <b>1968</b>	2b. HOUR M				
3. SEX <b>Female</b>		4. RACE <b>Negro</b>		S. DATE OF BIRTH <b>4/8/1885</b>	6. AGE (In years last birthday) <b>83</b> YRS.		IF UNDER 1 YEAR MONTHS <b>0</b>	IF UNDER 24 HRS. DAYS <b>0</b>	IF UNDER 24 HRS. HOURS <b>0</b>	MIN <b>0</b>	
7a. BIRTHPLACE (State or foreign country) <b>Maryland</b>		7b. CITIZEN OF WHAT COUNTRY? <b>USA</b>		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED	9. COUNTY OF DEATH <b>Queen Anne</b>						
10. CITY OR TOWN OF DEATH <b>Pondtown</b>		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <b>St. Anthony's Nursing Home</b>		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <b>Domestic</b>		12b. KIND OF BUSINESS OR INDUSTRY <b>None</b>					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <b>Maryland</b>		13b. COUNTY <b>Talbot</b>		13c. CITY OR TOWN <b>Easton</b>	13d. INSIDE CITY LIMITS? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>	13e. STREET AND NUMBER <b>Locust Street, Easton</b>					
14. FATHER'S NAME First <b>Sam</b>		Middle <b></b>	Last <b>Henry</b>	15. MOTHER'S MAIDEN NAME First <b>Eliza</b>	Middle <b></b>	Last <b>Barnett</b>					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If give war or dates of service)		16b. SOCIAL SECURITY NO. <b>217 30 8277</b>		17. INFORMANT <b>Ruth Startt</b>		Address <b>113 S. Aurora St. Maryland</b>					
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>Years</b>											
4120											
4120											
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause <b>Lower Leg Ulcers</b>											
DUE TO, OR AS A CONSEQUENCE OF <b>Bilateral</b>											
DUE TO, OR AS A CONSEQUENCE OF <b>Hypertensive Arteriosclerotic Cardiac D.</b> years <b>20 yrs.</b>											
(c)											
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
<b>Chronic Lower Leg Thrombophlebitis</b>											
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County		State	
22a. I certify that (I) <input checked="" type="checkbox"/> attended the deceased from <b>July 1965</b> to <b>22 July, 1968</b> , that (I) <input type="checkbox"/> last saw the deceased alive on <b>22 July 1968</b> , and that in (my) <input type="checkbox"/> our opinion death occurred on the date and hour and from the causes stated above, (I) <input type="checkbox"/> did <input type="checkbox"/> view the body after death.											
22b. SIGNATURE <i>Richard Tyson, M.D.</i>		22c. DEGREE <input type="checkbox"/> MED. DIRECTOR <input checked="" type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED <b>7/24/68</b>							
22d. PHYSICIAN'S NAME (Type) <b>Richard Tyson, M.D.</b>		22e. ADDRESS <b>Glenwood Ave., Easton, Maryland</b>									
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7/25/68</b>		23c. NAME OF CEMETERY OR CREMATORIAL <b>John Wesley</b>		23d. LOCATION (City or Town) <b>Chapel Talbot</b>		(County) <b>Maryland</b>		(State)	
24. FUNERAL DIRECTOR <b>Barbara L. Dashiell</b>		ADDRESS <b>426 Dover St. Easton</b>		25a. REC'D BY REGISTRAR <b>JUL 25 1968</b>		25b. REGISTRAR'S SIGNATURE <i>[Signature]</i>					



FOR STATE  
HEALTH DEPT.

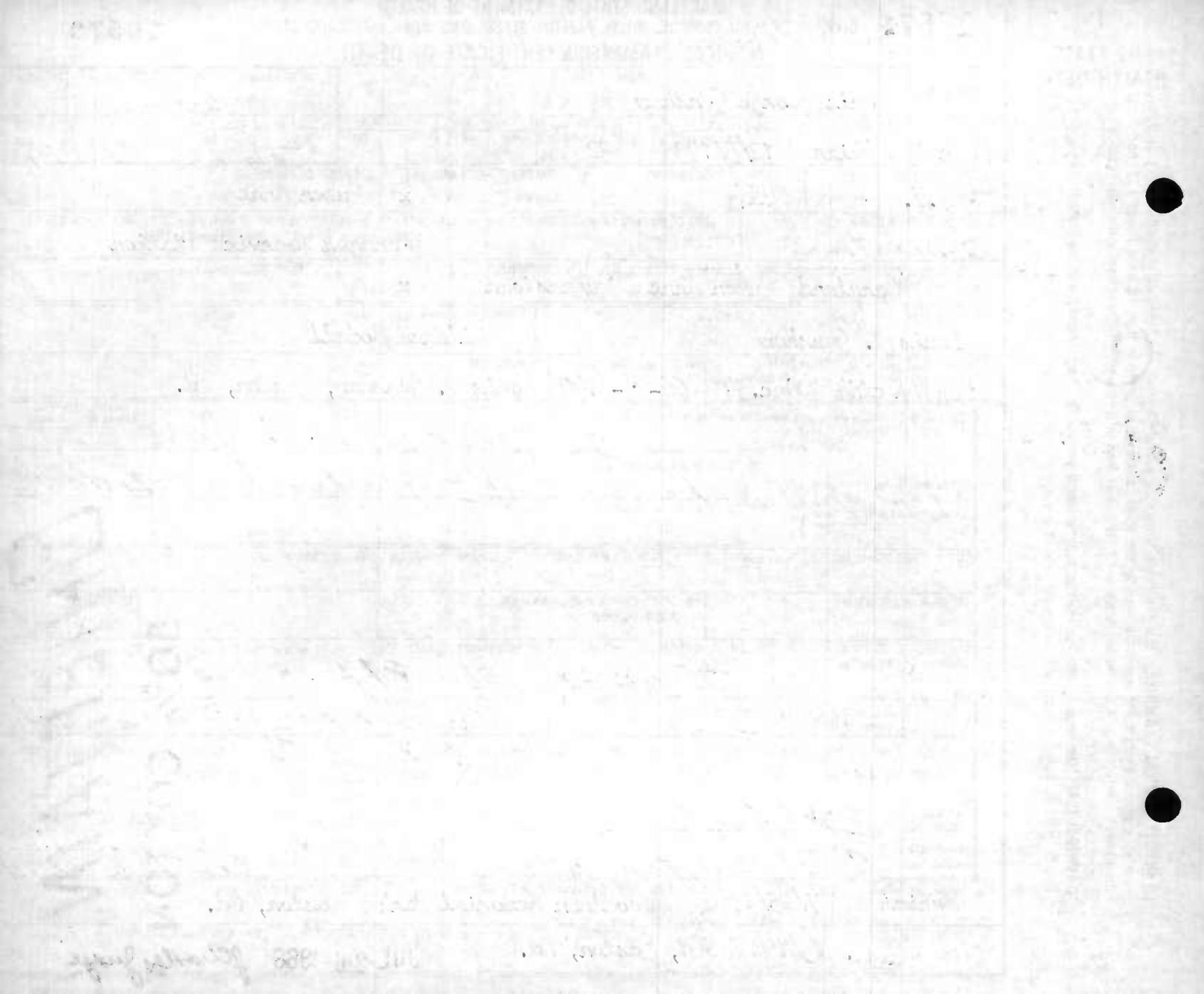
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

10571 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  
Item2a, FilmG403 7/24/68 k MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10579

1. DECEASED NAME (Type or Print)	First	Middle	Lost	2a. DATE KNOWN OF ESTI. DEATH MATED	Month Day Year	2b. HOUR
<i>Louis George Ganshaw</i>				<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		<i>September 19</i>
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (in years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	2c. DATE PRONOUNCED DEAD
<i>Male</i>	<i>White</i>	<i>12/5/1935</i>	<i>32</i>	MONTHS	DAYS	Month Day Year
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8.	MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	9. COUNTY OF DEATH		2d. HOUR
<i>N.Y.</i>	<i>USA</i>			<i>Queen Anne</i>		<i>1968 10 AM</i>
ID. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)				12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired)	
<i>Queenstown</i>					<i>Manager Service Station</i>	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER		
<i>Maryland</i>	<i>Queen Anne</i>	<i>Queenstown</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
14. FATHER'S NAME	First	Middle	Lost	15. MOTHER'S MAIDEN NAME	First	Middle
<i>Louis W. Ganshaw</i>				<i>Mildred Bodell</i>		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
<i>Yes 1900 Oct 54 30 Dec 54</i>	<i>066-30-3140</i>	<i>Louis W. Ganshaw, Easton, Md.</i>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gun shot wound of head - self Inflicted</i> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
DUE TO, OR AS A CONSEQUENCE OF (b) <i>head - self Inflicted</i> <i>Instant</i> DUE TO, OR AS A CONSEQUENCE OF (c)						
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.						
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <i>9768</i>						
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M.	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) <i>shot self in head</i>			
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. City or Town County State <i>Route 50 Am. ex station on Hwy 22</i>			
22a. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>						
ACTUAL SIGNATURE <i>C.R. Layton</i> M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> EXAMINER'S NAME (Type) <i>C. R. Layton MD</i> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> ADDRESS (Street, city, town, or county) <i>Centreville, Md.</i>						
23a. BURIAL, CREMATION, REINTERMENT		23b. DATE	23c. NAME OF CEMETERY OR CREMATORIAL	23d. LOCATION (City or Town) (County) (State)		
<i>Burial</i>		<i>7/25/1968</i>	<i>Woodlawn Memorial Park</i>	<i>Easton, Md.</i>		
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE <i>MURICE E. NEWMAN &amp; SON, Easton, Md.</i> <i>Charles Judge</i>						
DA JUL 26 1968						



**FOR STATE  
HEALTH DEPT.**

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**MARYLAND STATE DEPARTMENT OF HEALTH**  
**DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201**

**MEDICAL EXAMINER'S CERTIFICATE OF DEATH**

10580

1. DECEASED-NAME (Type or Print)		First		Middle	Last	2a. DATE KNOWN <input type="checkbox"/> Month Day Year OF ESTI- DEATH MATED		2b. HOME
3. SEX		4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	7. IF UNDER 1 YEAR MONTHS      DAYS	8. IF UNDER 24 HRS. HOURS      MIN.	7-30-1968	2d. HOUR
Male		White	10-13-1940	27 YRS.				
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH		
Maryland		U.S.A.				Queen Anne		
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY		
Stevensville				Truck Driver		None		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER		
Maryland		Caroline		Ridgely		None		
14. FATHER'S NAME		First	Middle	Last	15. MOTHER'S MAIDEN NAME	First	Middle	Last
Thomas R. Good					Catherine Slaughter			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16b. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS		
(If yes give war or dates of service) Yes National Gard		215-38-0496		Norma Lee Good Ridgely, Maryland				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)								
PART I. DEATH WAS CAUSED BY:								
. IMMEDIATE CAUSE (a) <u>Hemorrhage -</u>								
816.0 DUE TO, OR AS A CONSEQUENCE OF								
(b) <u>multiple Internal Injuries</u>								
DUE TO, OR AS A CONSEQUENCE OF								
(c) <u>Truck Accident</u> 20 mins								
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
8230								
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?		20. AUTOPSY?				
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?		20. AUTOPSY?				
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month Day, Year HOUR A.M. 4 PM PM 7-30 1968		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)				
21d. INJURY OCCURRED WHILE <input checked="" type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) Ridgely		21f. LOCATION Street or R.F.D. No. City or Town Rural Stevensville Md				
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>								
ACTUAL SIGNATURE <u>C.R. Dayton</u>		M.D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/>				
EXAMINER'S NAME (Type) C.R. Dayton MD				ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>				
				DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>				
22b. DATE SIGNED July 31, 1968								
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 1, 1968		23c. NAME OF CEMETERY OR CREMATORIAL Greensboro		23d. LOCATION (City or Town) (County) (State) Greensboro, Maryland		
24. FUNERAL DIRECTOR J.E. Boulaire		ADDRESS Greensboro, Md.		25a. REC'D BY REGISTRAR DAUG 5 1968		25b. REGISTRAR'S SIGNATURE Charles Juge		



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

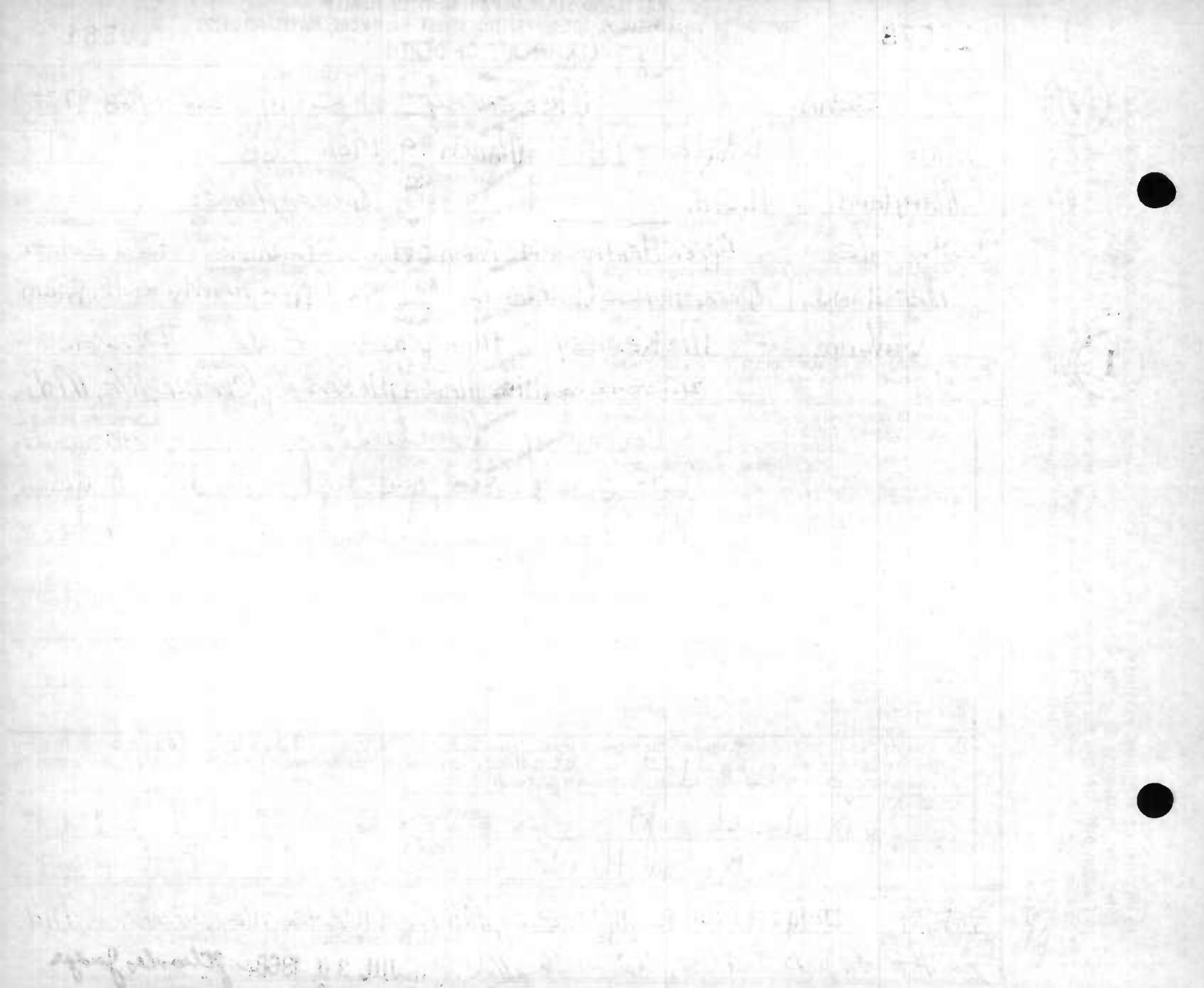
## CERTIFICATE OF DEATH

10581

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.  
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First <i>John</i>	Middle —	Last <i>McKENNEY</i>	2a. DATE OF DEATH Month <i>July</i>	Day <i>26</i>	Year <i>1968</i>	2b. HOUR 140A M
3. SEX <i>Male</i>	4. RACE <i>White</i>	S. DATE OF BIRTH <i>March 19, 1900</i>	6. AGE (In years last birthday) <i>68</i> YRS.	IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN.	
7a. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>	7b. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH <i>QUEEN ANNE'S</i>				
10. CITY OR TOWN OF DEATH <i>CENTREVILLE</i>	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <i>UPPER Heathworth Farm BROKER - FARMER</i>	12a. USUAL OCCUPATION (Kind of work done during most of working-life, even if retired.) <i>BROKER - FARMER</i>		12b. KIND OF BUSINESS OR INDUSTRY <i>Real Estate</i>			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) <i>MARYLAND</i>	13b. COUNTY <i>QUEEN ANNE'S</i>	13c. CITY, OR TOWN <i>CENTREVILLE</i>	13d. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13e. STREET AND NUMBER <i>Upper Heathworth Farm</i>			
14. FATHER'S NAME First <i>William</i>	Middle —	Last <i>McKENNEY</i>	15. MOTHER'S MAIDEN NAME First <i>MARGARET</i>	Middle <i>ERIE</i>	Last <i>DEAVER</i>		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown <i>No</i>	16b. SOCIAL SECURITY NO. (If yes give war or dates of service) <i>215-38-1816</i>	17. INFORMANT <i>SISTER</i>	Address <i>Miss Maria McKenney, CENTREVILLE, Md.</i>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>30 minutes</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>4109</i> <b>Coronary Occlusion</b> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. <i>Arteriosclerosis generalized moderate</i>							
DUE TO, OR AS A CONSEQUENCE OF (b) <i>Non specific Prostatitis</i> (c) <i>6 mos.</i>							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							
19a. MEDICAL CERTIFICATION DATE OF OPERATION <i>4/20/68</i>		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. <i>19</i>	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)				
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State				
22a. I certify that (I) (this hospital) attended the deceased from <i>Jan. 1, 1964</i> , to <i>July 26, 1968</i> , that (I) (we) last saw the deceased alive on <i>July 24, 1968</i> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE <i>J.R. Smith Jr.</i>		DEGREE ATTENDING PHYS.	MED. DIRECTOR <input checked="" type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED <i>7-27-68</i>		
22d. PHYSICIAN'S NAME (Type) <i>John R. Smith, Jr.</i>		22e. ADDRESS <i>Centreville, Md. 21617</i>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>July 28, 1968</i>	23c. NAME OF CEMETERY OR CREMATORIAL <i>Family Cemetery, Mill Farm</i>	23d. LOCATION (City or Town) (County) (State) <i>Centreville, Queen Anne's, Md.</i>			
24. FUNERAL DIRECTOR <i>Smith, Barton Jr., Barton Bros., Centreville, Md.</i>		ADDRESS	25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>	DATE <i>JUL 30 1968</i>		



FOR STATE  
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Item 3 to FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

10574 MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10582

1. DECEASED-NAME (Type or Print)	First Clarence	Middle D.	Lost Seward	2a. DATE KNOWN <input type="checkbox"/> Month 7 OF ESTI. DEATH MATED <input type="checkbox"/> Day 12 Year 1968	2b. HOUR AM 1 PM				
3. SEX MALE	4. RACE WHITE	5. DATE OF BIRTH 6-25-1898	6. AGE (in years last birthday) 70 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	2c. DATE PRONOUNCED DEAD Month 7 Day 12 Year 1968	2d. HOUR 1 PM		
7a. BIRTHPLACE (State or foreign country) MARYLAND	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH QUEEN ANNE						
10. CITY OR TOWN OF DEATH RURAL BARCLAY	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) None			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) WELL DRIVER			12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND	13b. COUNTY QUEEN ANNE	13c. CITY OR TOWN BARCLAY	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER None					
14. FATHER'S NAME WILLIAM B. SEWARD	First	Middle	Lost	15. MOTHER'S MAIDEN NAME ALICE M. WALLS	First	Middle	Lost		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No	16b. SOCIAL SECURITY NO. 213-16-8601			17. INFORMANT MARY E. SEWARD	ADDRESS BARCLAY MD				
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))          PART I. DEATH WAS CAUSED BY:          IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  <u>2509</u> 5 mins.          Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.          (b) <u>Atherosclerosis - Hypertension Heart Dis</u> Known 3 mos          (c) <u>Diabetes Mellitus</u> Known 3 mos</p>									
<p>PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  <u>260X</u></p>									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED					2d. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK AT WORK		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No.		City or Town		County	State
<p>22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/>, Inspection <input checked="" type="checkbox"/>, Inquiry <input checked="" type="checkbox"/>, and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/>, Suicide <input type="checkbox"/>, Homicide <input type="checkbox"/>, Undetermined manner <input type="checkbox"/></p>									
ACTUAL SIGNATURE <i>J. R. Smith Jr.</i>		M.D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		22b. DATE SIGNED 7-12-68	
EXAMINER'S NAME (Type) John R. Smith Jr.		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		ADDRESS (Street, city, town, or county) Centreville, MD					
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7-14-68		23c. NAME OF CEMETERY OR CREMATORIAL BUSICK		23d. LOCATION (City or Town) RURAL BARCLAY MD		(County) (State)	
24. FUNERAL DIRECTOR G. B. Barclay Greencastle, Md.		ADDRESS		25a. REC'D BY REGISTRAR JUL 15 1968		25b. REGISTRAR'S SIGNATURE Charles Judge			
<p>VR A15MB 10M REV 1/68</p>									

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FOR STATE  
HEALTH DEPT.



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if necessary, please execute the certificate, writing the word "pending" in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

10575 MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10583

1. DECEASED-NAME (Type or Print)	First <i>John</i>	Middle <i>Richard</i>	Last <i>Walbert</i>	2a. DATE KNOWN OF DEATH MATED <input checked="" type="checkbox"/>	Month <i>July</i>	Day <i>27</i>	Year <i>1968</i>	2b. HOUR <i>6:15 PM</i>
3. SEX <i>Male</i>	4. RACE <i>White</i>	5. DATE OF BIRTH <i>Sept. 25, 1963</i>	6. AGE (In years less birthday) <i>4</i> YRS.	IF UNDER 1 YEAR <input type="checkbox"/> MONTHS <input type="checkbox"/> DAYS <input type="checkbox"/> HOURS <input type="checkbox"/> MIN. <input type="checkbox"/>	2c. DATE PRONOUNCED DEAD Month <i>July</i>			2d. HOUR <i>3:15 AM</i>
7a. BIRTHPLACE (State or foreign country) <i>Maryland</i>	7b. CITIZEN OF WHAT COUNTRY? <i>USA</i>	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH <i>Queen Anne</i>					
10. CITY OR TOWN OF DEATH <i>Stevensville</i>	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <i>xx</i>			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <i>None</i>			12b. KIND OF BUSINESS OR INDUSTRY <i>xx</i>	
13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) STATE <i>Maryland</i>	13b. CITY OR TOWN <i>Queen Anne</i>	13c. CITY OR TOWN <i>Stevensville</i>	13d. INSIDE CITY LIMITS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13e. STREET AND NUMBER <i>xxx</i>				
14. FATHER'S NAME First <i>Joseph J. Walbert Jr.</i>	Middle <i></i>	Last <i></i>	15. MOTHER'S MAIDEN NAME First <i>Patricia Ewing</i>	Middle <i></i>	Last <i></i>			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16b. SOCIAL SECURITY NO. (If yes give war or dates of service) <i>xx</i>	17. INFORMANT <i>Joseph J. Walbert-Stevensville, Maryland</i>	ADDRESS					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>8300</i> DUE TO, OR AS A CONSEQUENCE OF { Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c)						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>10-15 min</i>		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <i>850X</i>								
19a. MEDICAL CERTIFICATION DATE OF OPERATION <i>850X</i>		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <i>Belt Tipped over, Separated from belt</i>		21b. TIME OF INJURY Month, Day, Year HOUR AND P.M. <i>July 27 1968</i>		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) <i>Belt Tipped over, Separated from belt</i>				
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE <input checked="" type="checkbox"/> AT WORK	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) <i>Shipping Creek</i>		21f. LOCATION Street or R.F.D. No. City or Town <i>Rural Stevensville Queen Ann's Md</i>		County <i></i>	State <i></i>		
22a. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>								
ACTUAL SIGNATURE <i>C. Rodney Layton</i>				CHIEF MEDICAL EXAMINER <input type="checkbox"/>				
EXAMINER'S NAME (Type) <i>C. Rodney Layton</i>				M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>				
EXAMINER'S NAME (Type) <i>C. Rodney Layton</i>				DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>July 31</i>	23c. NAME OF CEMETERY OR CREMATORIAL <i>Stevensville</i>		23d. LOCATION (City or Town) (County) (State) <i>Stevensville, Maryland</i>			
24. FUNERAL DIRECTOR <i>Edgar L. Lane</i>		ADDRESS <i>Church Hill, Maryland</i>	25a. REC'D BY REGISTRAR <i>AUG 2 1968</i>		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>			

